

INFORMATION ABOUT HEPATITIS B INFECTION & HEPATITIS B VACCINE

THE DISEASE

Hepatitis B is a virus that is transmitted by blood and body fluids. People most often become infected with hepatitis B virus (HBV) through unprotected sexual intercourse with an infected partner, or by sharing needles with an infected person during injection drug use. Health care workers who have frequent and direct contact with blood and body fluids are also at high risk for exposure to HBV.

Most people who become infected with HBV recover completely and have natural immunity to further infection from HBV. Approximately 5-10% of people, however, develop chronic infection, and even though they may have no symptoms, they can continue to transmit the disease to others. Eventually, 1-2% of chronically infected people will die from complications of their infection.

THE VACCINE

Several safe and effective vaccines against HBV have been available for over 10 years. Immunization with these vaccines can prevent acute hepatitis B infection, and can also reduce sickness and chance of death from the long term complications of HBV infection. For example, it is estimated that one health care worker dies each day in the US as a result of *preventable* HBV infection.

The modern hepatitis B vaccine uses the non-infectious portion of the virus and is produced in the laboratory from common baker's yeast cells. It is not made from blood or blood products. The vaccine *cannot* transmit HBV or HIV.

A full course of immunization usually requires *3 doses of vaccine given at specific intervals over a 6 month period*. A fourth dose is sometimes required. Over 90% of healthy people who receive the full course of immunization will develop protective immunity against HBV. The duration of this immunity is unknown but a check for immunity is advised 5 years after vaccination. A booster dose may be indicated at this time if immunity is low. People who are immune from natural infection do not require vaccination.

Side effects from the vaccine are uncommon. Redness or tenderness at the injection site may occur. A few people may experience a low grade fever, chills, nausea, joint pain, headache, or mild fatigue. These reactions are mild and usually subside within 48 hours. No serious side effects have been reported with the vaccine and there is no evidence that the vaccine has ever caused hepatitis B or any other disease. However, with any vaccine, the possibility exists that more serious side effects may be identified with more extensive use. *The vaccine should not be taken during pregnancy.*

IF YOU HAVE FURTHER QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE PLEASE CONTACT PERSONNEL HEALTH SERVICE AT EXT 2735.

DVA MEDICAL CENTER, SAN FRANCISCO
HEPATITIS B VACCINE PROGRAM CONSENT/REFUSAL FORM

Please check one

☐ **YES, I WANT TO RECEIVE HEPATITIS B VACCINE**

I have read the statement on the reverse side about hepatitis B vaccine. I have had an opportunity to ask questions and I understand the benefits and risks of the vaccine.

I wish to participate in the vaccination program. I understand this includes 3 injections at prescribed intervals over a six month period. I further understand that, as with all treatment, there is no guarantee that I will become immune to hepatitis B or that I will not experience an adverse side effect as a result of the vaccination.

☐ **NO, I DO NOT NEED TO RECEIVE HEPATITIS B VACCINE**

Because of prior infection or vaccination, I do not wish to participate in the hepatitis B vaccination program. However, I wish to check my immunity. ☐ **YES** ☐ **NO**

☐ **NO, I DO NOT WANT TO RECEIVE HEPATITIS B VACCINE**

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself.

However, I decline hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine (while still an employee at DVA Medical Center, San Francisco), I can receive the vaccination series at no charge to me.

I have had my questions answered to my satisfaction.

Signature of employee

Date

Printed name of employee

Social Security Number

Street address

City

State

ZIP

Telephone number

Signature of Service Chief

Date

**THIS FORM MUST BE MAINTAINED FOR
THE DURATION OF EMPLOYMENT PLUS 30 YEARS.**